

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Aaron Abadi		SDNY PRO SE OFFICE 2023 NOV -3 PM 3:57	COURT CASE NUMBER 23cv4033
DEFENDANT American Airlines Group Inc, et al			TYPE OF PROCESS Summons & Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NATIONAL INSTITUTES OF HEALTH		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 9000 ROCKVILLE PIKE BETHESDA, MARYLAND 20892		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Aaron Abadi 82 Nassau Street Apt. 140 New York, NY 10038		Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):			

Signature of Attorney other Originator requesting service on behalf of: <i>T. Arora</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/5/2023
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 35/57	District of Origin No. 084	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 9/6/2023
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date 10/24/23	Time 11:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Costs shown on attached USMS Cost Sheet >>

REMARKS

General address given, no direct point of contact or room and building number given. Called office of General Counsel 301-496-6043 no response. Needs more direct address and name of who to serve

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 23cv4033

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* NIH
 was received by me on *(date)* 10/24/23.

☐ I personally served the summons on the individual at *(place)* _____

on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is

designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____; or

☒ I returned the summons unexecuted because

no specific point ; or
of contact given

☐ Other *(specify)* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date:

10/24/23

1 DUSM

1 HOUR

26 miles

Additional information regarding attempted service, etc:



Server's signature

Chris Antonio DUSM

Printed name and title

6500 Cherywood Lane
Greenbelt MD 20770

Server's address